DOCUMENT RESUME

ED 066 677 CG 007 345

TITLE	Staffing Patterns for School Nursing Service Programs; Standards for School Nurse Services; Evaluation Instruments for School Nursing Services; Occasional Papers.
INSTITUTION	National Education Association, Washington, D. C. Dept. of School Nurses.
PUB DATE	72
NOTE	56p.; A series of four separate pamphlets by the Department of School Nurses
AVAILABLE FROM	Department of School Nurses, 1201 16th Street, N.W., Washington, D.c. 20036
EDRS PRICE	MF-$0.65 HC Not Available from EDRS.
DESCRIPTORS	Breakfast Programs; Health; *Health Education; *Health Personnel; *Health Services; Medical Services; Nurses; Nurses Aides; Nursing; Nutrition; *Nutrition Instruction; Personnel Evaluation; *School Nurses; Teacher Nurses

ABSTRACT

This is a collection of four short pamphlets dealing with various aspects of school nursing services. "Standards for School Nurse Services" outlines the ten major areas of responsibility of nursing services in the schools. "Evaluation Instruments for School Nursing Services" presents the format and explanation of evaluation forms to be used by school nurse administrators, supervisors, and nurses themselves. "Staffing Patterns for School Nursing Service Programs" discusses the philosophy and guidelines for the utilization of school health aids. The fourth pamphlet, "Occasional Papers" discussed issues related to nutrition in today's education and some implications for the school nursing profession. Among the topics presented are: (1) the impact of nutrition in today's society; (2) programs of national interest; (3) controversial comments by notable people on today's nutritional patterns; (4) an unusual breakfast project, and (5) a description and outline of a teaching unit on nutrition education. (BW)

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

Staffing Patterns for School Nursing Service Programs

ED 066611

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL BY MICROFICHE ONLY HAS BEEN GRANTED BY

Dept of School Nurses

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE U.S. OFFICE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

Copyright © 1972 by the
Department of School Nurses
All Rights Reserved

Additional copies may be obtained by mailing $1 check to Department of School Nurses, 1201 16th Street, N.W., Washington, D.C. 20036. Quantity discounts: 2-9 copies, 10%; 10 or more copies, 20%.

Library of Congress Catalog Card Number: 71-189779

STAFFING PATTERNS FOR SCHOOL NURSING SERVICE PROGRAMS

Prepared by Department of School Nurses
National Commission on Standards

Department of School Nurses
National Education Association of the United States
1201 Sixteenth Street, N.W., Washington, D.C. 20036

TABLE OF CONTENTS

	Page
MEMBERS OF THE COMMISSION	11
PHILOSOPHY	5
GUIDELINES FOR UTILIZATION OF SCHOOL HEALTH AIDES	6
I. FUNCTIONS	6
A. Clerical	6
B. Direct Health Services	7
C. Health Education Materials	7
II. JOB CLASSIFICATION	8
III. QUALIFICATIONS	8
A. Education — Pre-employment	8
B. Personal	8
IV. IN-SERVICE EDUCATION	9
A. Evaluation Criteria	9
V. AUDIOMETRIC AND VISION SCREENING TECHNICIANS	9
A. Educational Preparation	10

Staffing Patterns for School Nursing Service Programs

THE entire nation faces a critical shortage in all health professions. One way of remediating this problem is through the use of non-professional support personnel.

THE NEA Department of School Nurses Commission on Standards for School Nursing Services believes that personnel staffing patterns must be developed and implemented in order to provide quality health services to school children.

THE NEA-DSN Commission on Standards for School Nursing Services believes that the non-professional and technical duties associated with the school health services program should be performed by the school health aide *under the direct supervision of the school nurse.*

THE employment of such personnel would provide for full utilization of the professional competencies of the school nurse. This staffing pattern would enable the school nurse to conduct in-depth physical and developmental assessments; provide health counseling for students, parents and

5

teachers; participate in health curriculum planning and team teaching; and serve as a health resource for the entire faculty and the total health program. The role and range of activities of the school health aide must be clearly defined by appropriate personnel before implementation of the program.

THE school health aide should be employed to support the professional services of the school nurse. Her hours of duty should correspond with those of the school nurse so that they may coordinate activities, and the health aide would be under the continuous supervision of the school nurse.

THE NEA-DSN National Commission on Standards recommends the following guidelines for the utilization of school health aides:

I. Functions

A. Clerical — Assists by maintaining school nurse files and supplies
   1. Typing, as directed by school nurse
      a. correspondence
      b. reports to teacher, to parents; accident, handicapped, case conference, daily, monthly, and annual statistical, communicable disease, etc., reports
      c. inventories and requisitions
      d. pupil Health Records
   2. Recording, as directed by school nurse
      a. standardized information on cumulative health records, i.e., height, weight, vision, hearing, immunizations, etc.
      b. dictated information

3. Filing, as directed by the school nurse
    a. records
    b. reports
    c. correspondence
4. Telephone communications
    a. answering incoming calls
    b. taking messages, when indicated

B. Direct Health Services
1. Appraisal activities
    a. schedule appointments
    b. prepare room, equipment and records
    c. facilitates traffic flow
2. Makes appointments for school nurse with students, parents, teachers, administrators, special services, community agency personnel, etc.
3. Maintains compliance with health office traffic control procedures, as established by the school nurse
4. Responsible for maintenance of health office environment
5. Maintains continuous inventory of office supplies and equipment
6. Does minor first aid, as directed by the school nurse and according to school policy
7. Stocks and distributes first aid supplies to designated areas

C. Health Education Materials
1. Types, duplicates, collates and distributes instructional material, as directed by the school nurse
2. Orders and files audiovisual and other materials from various sources, as requested by the school nurse
3. Acts as health office librarian

4. Arranges bulletin boards, displays and exhibits, as directed by school nurse

II. Job Classification

The school health aide should be employed under the same job classification as a teacher aide. The salary schedule should reflect her training and responsibility

III. Qualifications

A. Education — Pre-employment
   1. High School or General Education Development diploma
   2. Proficiency in typing, clerical work, and office procedures
   3. Additional course work in the following areas at community college level:
      a. child growth and development
      b. orientation to public school organization and purpose
      c. orientation to the basic principles of employer/employee relationships as they pertain to the school health office and etiquette
      d. first aid procedures in the school setting

B. Personal
   1. Good mental and physical health
   2. The intent to complete a minimum of six hours in-service education in school health policies and procedures
   3. Effective interpersonal relations with children and adults
   4. Ability to accept limitations of responsibility
   5. Respect for maintenance of confidentiality of records and communications

IV. In-service Education

The school nurse should provide a minimum of six hours in-service education for school health aides to meet the following objectives:

- Orientation to the district and school health policies and procedures
- Understanding the scope and limitations of her role and function in the school district
- Orientation to allied school personnel and special education programs
- Orientation to school regulations regarding communicable disease prevention and control, symptoms of common illnesses and emergency care

A. Evaluation Criteria

1. Accuracy and neatness in recording, typing and filing
2. Quality of interpersonal relationship with children and adults
3. Ability to follow directions and accept limitations of responsibilities
4. Initiative and dependability
5. Personal appearance

V. Audiometric and Vision Screening Technicians

THE Department of School Nurses recognizes the need for paraprofessional personnel to work in many areas of school nursing services. Evaluation of visual and auditory acuity is an important aspect of school nursing services.

THE vision and audiometric screenings are not diagnostic examinations; this data contributes to the identification of pupils with possible visual or hearing problems who are in need of a confirmatory diagnosis.

The initial screening of visual and auditory acuity can be done by technicians using the Snellen chart, plus sphere lens, and audiometer. The school nurse supervises the technician and conducts all retests. The school nurse's evaluation of the vision and hearing status of pupils includes the data compiled by screening; teacher observation and a review of total health status. The school nurse makes all referrals to parents and teachers and supervises the follow-up activities.

THE school nurse is responsible for the implementation of a comprehensive vision and hearing conservation program.

A. Educational Preparation

1. High school or General Education Development diploma
2. Additional course work in the following areas at community college level:
   a. Child growth and development
   b. Anatomy and physiology of the eye and ear
   c. Vision screening techniques with the Snellen chart and plus-sphere lens, and audiometric screening technique with supervised practicum
   d. Orientation to public school organization and purpose
   e. Orientation to basic principles of employer / employee relationships as they pertain to the position and the school nurse office structure and etiquette

In addition, this person should possess the personal attributes to work effectively with pupils.

Members of the Commission:

Gemma Jean, R.N., B.S., Chairman
Exeter School District
Exeter, New Hampshire 03833

Helen H. Brion, R.N., M.S.
Farmingdale School District #22
Farmingdale, New York 11735

Allie Cable, R.N., B.S.
Tulsa Public Schools
Tulsa, Oklahoma 74145

Ann T. Garber, R.N., M.Ed.
Weaver High School
Hartford, Connecticut 06112

Zorada Hoge, R.N., B.S.
St. Paul Public Schools
St. Paul, Minnesota 55102

Rowena F. McAllister, R.N., B.S.
David W. Carter High School
Dallas, Texas 75234

Beatrice Shaffer, R.N., B.S.
Johnstown High School
Johnstown, Pennsylvania 15905

Ruby Wheatly, R.N., B.S.
Des Moines Independent Community Schools
Des Moines, Iowa 50312

Sally R. Williams, R.N., M.A.
Savanna High School
Anaheim, California 92801

Commission Members represent assignments in elementary, secondary, special education and supervisory positions.

N-NEA
CG

Standards for School Nurse Services

ED 066677

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEH REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL BY MICROFICHE ONLY HAS BEEN GRANTED BY

Dept of School Nurses

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE U.S. OFFICE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER."

CG 007 345

TABLE OF CONTENTS

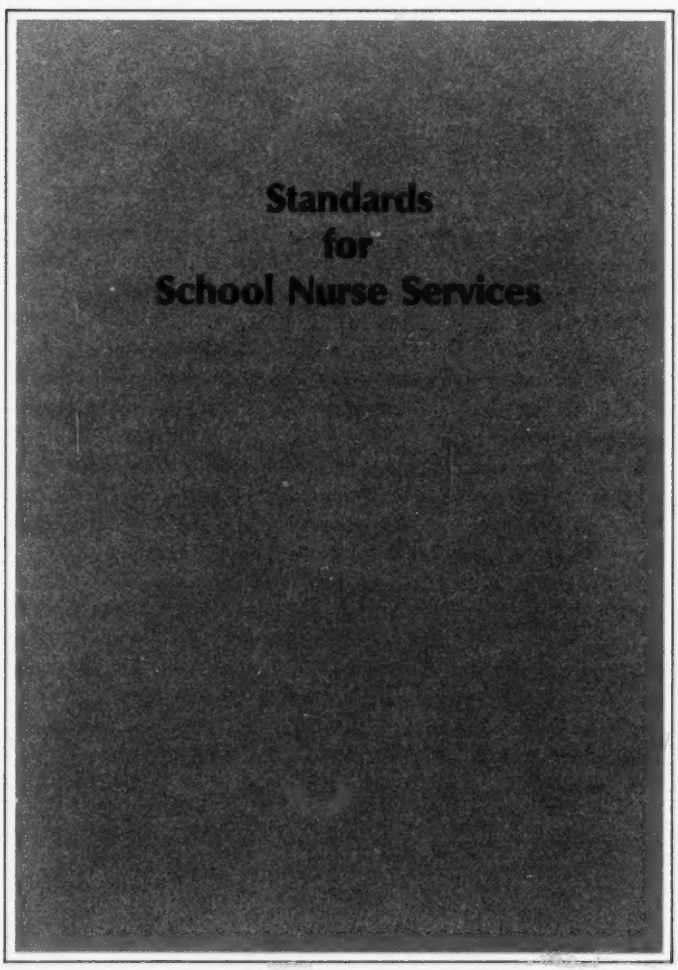
	PAGE
Members of the Commission	11
Preface	4
I. Responsibility to The School Staff	5
II. Health Appraisal	5
A. General Health Status	5
B. Eye Health and Vision Conservation Program	5
C. Ear Health and Hearing Conservation Program	6
D. Emotional and Mental Health Program	6
E. Dental Health and Dental Screening Program	6
F. Orthopedic and Posture Conditions	6
G. Medication in Schools	6
H. Special Screening	7
III. Health Counseling	7
IV. Special Education Programs	7
V. Communicable Disease Program	8
A. Prevention	8
B. Control	8
VI. Environmental Health and Accident Prevention	9
A. Environmental Health	9
B. Accident Prevention	9
VII. Health Education	9
VIII. School Community Health Program	10
IX. School Nursing Service Evaluation Program	10
X. Responsibility to the Profession	11

Copyright © 1970 by the Department of School Nurses, National Education Association. All rights reserved. Further reproduction in whole or part by permission only from the Department.

Additional copies of *Standards for School Nurse Services* may be obtained by mailing $2 check for single copies payable to Department of School Nurses, NEA, 1201 16th Street, N.W., Washington, D.C. 20036. Quantity discounts: 2-9 copies, 10%; 10 or more, 20%.

Library of Congress Catalog Card Number: 70-145677

Produced by Department of School Nurses,
National Commission on Standards



Department of School Nurses
National Education Association of the United States
1201 Sixteenth Street, N.W., Washington, D. C. 20036

PREFACE

The primary objective of school nursing services, as provided by the professional school nurse, is to strengthen the educational process of children and youth, by assisting them to improve or adapt to their health status.

The public schools are obligated to:

- assist in assuring the attainment of optimum health for each student.
- provide appropriate modification of the general curriculum to meet the needs of the physically, emotionally, socially, culturally, and intellectually handicapped students.
- provide and maintain facilities that promote healthful living opportunities while students are under the school's jurisdiction.
- provide curriculum offerings that will enable students to make intelligent decisions about personal, family, and community health.

The professional school nurse, in collaboration with other educators, utilizes the school health program to contribute significantly to the attainment of the full health and educational potential of each student.

The following standards establish broad guidelines for a quality school nurse service program. The local school district should have a clearly defined and published philosophy of school health service goals, based on school district philosophy of education. A school nurse policy and procedure book with specific guidelines for implementation of the goals is vital.

I. Responsibility To The School Staff

The school nurse is an essential member of the professional staff employed to assist in the implementation of the basic goals of education. Her responsibilities as a professional staff member are to:

A. Participate in establishing or revising school and district policies
B. Know and comply with school and district policies
C. Know and comply with state and county school law, regulations and recommendations
D. Interpret school health legal provisions to school administrators
E. Alert school administrators to health trends and problems
F. Have current and accurate knowledge of the total school program
G. Explain district educational philosophy when necessary
H. Attend and participate in faculty, staff and community meetings
I. Work effectively with other school personnel
J. Assist in planning the school health budget
K. Determine criteria for qualifications and functions of health paraprofessional
L. Orient, supervise, and evaluate the performance of health paraprofessionals
M. Counsel staff members regarding personal and family health problems

II. Health Appraisal

Health appraisal is the sum total of all diagnoses and observations made concerning the health status of the school child. A nursing diagnosis and establishment of priorities for action must be made by considering the following:

A. General Health Status

The school nurse:

1. obtains a medical and developmental history at the time of initial enrollment of all pupils
2. establishes and maintains adequate health records
3. conducts in-service education for teachers to assure more accurate referrals
4. conducts teacher-school nurse conferences annually and as necessary
5. does planned individual pupil health assessment
6. reports conditions to parents or guardian and provides health counseling
7. reports to the teacher and other appropriate personnel findings and supervises recommended educational adaptation
8. periodically reviews health status of pupils with identified health problems and refers when necessary

B. Eye Health and Vision Conservation Program

The school nurse:

1. conducts in-service education for teachers to assure more accurate referrals
2. assists teachers in the development of an eye health education unit to precede vision screening
3. conducts screening programs and reports to parents
4. reports to teachers and other appropriate personnel the findings and supervises recommended educational adaptation

C. Ear Health and Hearing Conservation Program

The school nurse:

1. conducts in-service education for teachers to assure more accurate referrals
2. assists teachers to develop an ear health education unit to precede the auditory screening
3. conducts screening programs and reports to parents
4. reports to teachers and other appropriate personnel the findings and supervises recommended educational adaptation

D. Emotional and Mental Health Program

The school nurse:

1. provides teachers with guidelines to assist them in recognizing pupils with emotional problems
2. assists teachers in the development of a mental health unit
3. conducts teacher-school nurse conference regarding observation of pupil's behavior
4. assesses individual pupil's behavior as necessary
5. confers with principal, teachers and other appropriate personnel
6. confers with parents, either at home or at school, as necessary
7. participates in case conferences and periodically reviews emotional health status of pupils
8. works in coordination with appropriate personnel as indicated in referral, follow-up, and supervision of adaptation of educational program for pupil

E. Dental Health and Dental Screening Program

The school nurse:

1. conducts in-service education for teachers to elicit referrals
2. assists teachers in the development of a dental health education unit to precede the screening program
3. includes dental evaluation in health assessment and reports to parents
4. reports to teachers and other appropriate personnel the findings and supervises the recommended educational adaptation

F. Orthopedic and Posture Conditions

The school nurse:

1. conducts in-service education for teachers to assure more accurate referrals
2. assists teachers in the development of posture education unit preceding orthopedic screening
3. recommends the provision of appropriate sized furniture for each pupil
4. supervises periodic orthopedic screening and reports to parents
5. reports findings to teacher and other appropriate personnel and supervises recommended education adaptation

G. Medication in Schools

The school nurse:

1. conducts in-service education for all school personnel
2. conducts parent education sessions regarding school policies and procedures for giving medication
3. observes pupils on medication and consults with parents, physician or health agency
4. observes and refers pupils for possible drug abuse

H. Special Screening
(urinalysis, diabetic survey, anemia, TBC, etc.)
Prior to granting permission for a screening program in the school, the school nurse will require the sponsoring agency to:

1. obtain approval of the medical or dental association, and the public health department
2. guarantee the maintenance of legal and ethical standards
3. demonstrate the educational value of the screening for pupils
4. be judicious in the use of pupil and personnel time
5. accept the assignment of the school nurse to:
   a. supervise the program
   b. plan its educational components
   c. report to parents
   d. follow up referrals
6. Provide written report of screening results on each pupil

III. Health Counseling

The specific goal of health counseling is to assist pupils and their families to achieve a greater degree of self-sufficiency in handling their health problems. Health counseling in an essential part of school nursing services.

The school nurse:

1. identifies pupils and families in need of health counseling
2. plans and schedules health counseling sessions
3. conducts planned health counseling sessions, including referral as needed:
   a. individual
   b. group
4. does circumstance oriented health counseling:
   a. individual
   b. group
5. confers with appropriate school personnel when indicated
6. initiates referral to appropriate persons and agencies when necessary
7. periodically reviews programs of counselees

IV. Special Education Programs

(Aphasic, aural, cardiac, emotionally handicapped, gifted, home and hospital instruction, learning disabilities, mentally retarded, orthopedic, potential dropout, remedial physical education, and socially handicapped.)
The school nurse's specialized knowledge enables her to assist in planning educational services appropriate for pupils whose physical, mental, and social deviations have educationally significant dimensions:

The school nurse:

1. assists teachers in identifying candidates for possible placement in special programs
2. makes home visits and conducts parent conferences for the purpose of obtaining an in-depth medical and developmental history and explains philosophy of special education programs available
3. obtains medical diagnosis and recommendations

4. writes a summary of information from the medical and developmental history and school health records medical report
5. ascertains that all pertinent reports are available for the case study conference
6. serves on case conference committees and special education admission and discharge committees
7. does individual health counseling with pupils and parents following the decision
8. does detailed and repetitive individual pupil health counseling and education as needed
9. confers periodically with pupils and parents as indicated
10. reevaluates periodically (minimum annually) pupil health status and educational placement
11. assists teachers in planning and presenting effective health education
12. conducts in-service education for all school personnel
13. plans and conducts parent health education programs

V. Communicable Disease Program

The school nurse holds the primary responsibility for implementing the control of communicable disease in the school, for the protection of all pupils and school personnel, in compliance with the rules and regulations established by the local and state health departments through:

A. Prevention

The school nurse:

1. supervises compliance by pupils and parents with immunization and communicable disease laws, regulations and policies of the state and school district
2. initiates and conducts health education for parents regarding immunization
3. cooperates with local health department in conducting communicable disease control program
4. assists teachers in developing a communicable disease unit, to precede any communicable disease program
5. makes specific recommendations to appropriate persons, i.e., possible need for tetanus booster following injury

B. Control

The school nurse:

1. reviews and plans with school administrator policies for the control of communicable disease for pupils and school staff
2. plans and conducts in-service education for school staff regarding the above policies
3. plans and conducts health education for parents, regarding communicable disease control
4. implements and enforces communicable disease policies by:
   a. exclusion
   b. readmission
   c. classroom inspection when necessary
   d. reporting to health department if necessary
5. communicates with faculty regarding current communicable disease problems

6. plans, organizes, and assists with the control programs when necessary
7. supervises the reporting of all animal bites to the appropriate official agency

VI. Environmental Health and Accident Prevention

School personnel have the responsibility to maintain a safe and healthful environment. The school nurse is the key person in ascertaining problem areas and channeling information to the appropriate authority for evaluation and corrective action.

A. Environmental Health

The school nurse:

1. provides leadership in the development and revision of school district policy regarding environmental health
2. assists in the periodic inspection of the entire school plant
3. supervises compliance by food handlers with legal requirements
   a. employees
   b. pupil helpers
   c. volunteers
4. assists with in-service education of food service handlers
5. supervises compliance with environmental pollution alerts
6. reports infractions of policy or law to appropriate personnel

B. Accident Prevention

The school nurse:

1. provides leadership in the development or revision of school district policy regarding accident prevention
2. plans with administrator for emergency care, including the instruction of the school personnel
3. plans the reporting of accidents to appropriate personnel
4. analyzes the compiled statistical reports to determine causes and location of accidents to initiate safety programs
5. confers with appropriate school personnel to assure corrective action

VII. Health Education

Health education includes all information relating to health in the home, school, and community. Functional health education must be more than a subject in the curriculum. It must be action centered and behavior changing if it is to serve the needs of pupils. It is impossible to separate health education from health services. The school nurse is involved in instruction as a health specialist.

The school nurse:

1. stimulates the incorporation of an adopted course of study on health at all levels in the school curriculum, including instruction in the principles and practices of individual, family, and community health by:
   a. serving on curriculum development committees
   b. encouraging the inclusion of relevant health education information in other subject areas
2. assists classroom teachers to teach health more effectively by:
   a. serving as a consultant to individual classroom and health education teachers

b. team teaching, demonstrating, and serving as resource speaker
c. disseminating scientifically accurate health education materials to teachers
d. conducts in-service education programs for teachers
1) compile and maintain a file of health education materials; include a list of school and community resources and available speakers
2) continually search out and evaluate new materials
3) recommend appropriate themes and materials for special projects and bulletin boards according to needs and interests of pupils
4) contribute information, surveys, and knowledge of current health problems of pupils and the community in determining health curriculum content

3. works with the librarian and instructional media consultant in selection and purchase of appropriate pupil and teacher resource materials
4. plans and conducts education programs for parents by:
a. serving as a resource speaker and consultant for PTA meetings, parent education meetings, discussion groups in special interest areas, and pre-school orientation meetings
b. utilizing each opportunity for informal presentation of health information to effect positive attitudes and behavior, i.e., school conferences, home visits, notes to parents, school bulletins, and telephone conferences
5. fosters community health education through the use of mass media, i.e., TV, radio, and newspaper

VIII. School-Community Health Program

The school nurse should exercise leadership in assuring that the school health program is an integral part of the community health program.

The school nurse:

1. promotes effective communication between the community health professionals and the school
2. works with community agencies for effective use of their resources and facilities
3. makes available to appropriate persons current information regarding resources and referral procedures of community facilities.
4. cooperates with community resources to develop new health facilities as needed
5. participates in the local comprehensive health planning committee activities, i.e., Community Health Council
6. fosters community health education through the use of mass media

IX. School Nursing Service Evaluation Program

Program evaluation should be designed to reveal both strengths and weaknesses in the school nursing service program. It should reveal existing opportunities for more effective procedures and practices; and it should provide data which can be used to revise specific objectives, improve methods and materials, and develop new learning experiences.

The school nurse:

1. compiles and analyzes school health records, reports, and sta-

tistical information in order to evaluate and improve the school nurse service program
2. plans and implements action research as needed to improve the school nurse service program
3. continually reviews published research and applies findings, if appropriate
4. conducts self-evaluation, using one of the professionally prepared instruments
5. plans and implements action research to determine staff, pupil, and parent perception of the school nurse program
6. cooperates, subject to administrative approval, with outside agencies conducting pertinent research projects

X. Responsibility to the Profession

School nursing is unique in that it requires skills and knowledge derived from two professions — nursing and education. The school nurse serves as a faculty member with the same obligations as other teachers to participate in activities of the education profession.

The school nurse:

1. joins and participates in activities of both school nurse and teacher professional organizations
2. knows and complies with the Codes of Ethics for the nursing and teaching professions
3. continues to pursue post-certifying educational studies to maintain her professional level of performance
4. keeps abreast of current health knowledge and trends through professional literature, lectures, etc.
5. attends and participates in individual, school, and community activities that contribute to her professional growth
6. contributes to professional journals, speaks at professional meetings, and serves on professional committees
7. informs pupils regarding career opportunities in the health professions
8. assumes responsibility for upholding professional standards

Members of the Commission:

Gemma Jean, R.N., B.S., Chairman
Exeter School District
Exeter, New Hampshire 03833

Helen H. Brion, R.N., M.S.
Farmingdale School District #22
Farmingdale, New York 11735

Allie Cable, R.N., B.S.
Tulsa Public Schools
Tulsa, Oklahoma 74145

Ann T. Garber, R.N., M.Ed.
Weaver High School
Hartford, Connecticut 06112

Zorada Hoge, R.N., B.S.
St. Paul Public Schools
St. Paul, Minnesota 55102

Rowena F. McAllister, R.N., B.S.
David W. Carter High School
Dallas, Texas 75234

Beatrice Shaffer, R.N., B.S.
Johnstown High School
Johnstown, Pennsylvania 15905

Ruby Wheatly, R.N., B.S.
Des Moines Independent Community Schools
Des Moines, Iowa 50312

Sally R. Williams, R.N., M.A.
Savanna High School
Anaheim, California 92801

ED 066677

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL BY MICROFICHE ONLY HAS BEEN GRANTED BY

Dept of School Nurses

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE U.S. OFFICE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

TABLE OF CONTENTS

	PAGE
Foreword	
I. School Nurse Philosophy of Evaluation	5
II. Evaluation Instruments for Administrator and School Nurse Supervisor	6
III. Self Evaluation Instrument for School Nurse	8

PUBLISHED WITH THE COOPERATION OF

School Health Supply Co.

The First Aid Room People

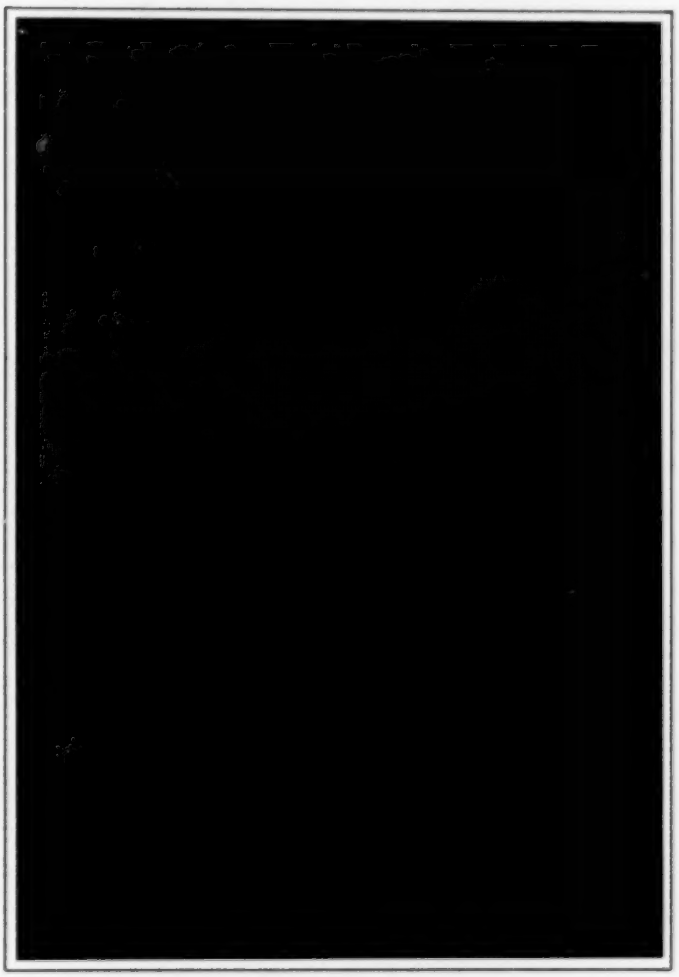
300 Lombard Road • Addison, Illinois 60101

Copyright © 1972 by the Department of School Nurses, National Education Association. All rights reserved. Further reproduction in whole or part by permission only from the Department.

Additional copies of *Evaluation Instruments for School Nursing Services* may be obtained by mailing $2 check for single copies payable to Department of School Nurses, NEA, 1201 16th Street, N.W., Washington, D.C. 20036. Quantity discounts: 2-9 copies, 10%; 10 or more, 20%.

Library of Congress Catalog Card Number: 71-189780

Produced by Department of School Nurses,
National Commission on Standards



Department of School Nurses
National Education Association of the United States
1201 Sixteenth Street, N.W., Washington, D. C. 20036

FOREWORD

School Nurse Evaluation Form for Administrators or School Nurse Supervisors

The school nurse as a member of the school staff should be evaluated as frequently as are other members of the faculty. The most effective evaluation is conducted jointly by the school administrator and the school nurse supervisor with the school nurse evaluatee. In situations where the school nurse must work without school nursing supervision it is hoped that the school administrator will become knowledgeable in the specific functions of the school nurse in order to be able to objectively evaluate these functions and make the evaluation process more meaningful.

EVALUATION INSTRUMENTS FOR SCHOOL NURSING SERVICES

Evaluation is a continuous process directed toward upgrading all phases of the school activities and services. Specifically these evaluation instruments are directed toward the school nurse. The school nurse is vital to a high quality health education program in every school district.

The school district has a concern regarding the quality of performance of each nurse and as a result should establish procedures by which that effectiveness can be recorded. There are two major purposes for school nurse evaluation. One is for continuous improvement of the school health program; the other is the improvement of performance on the part of each school nurse. These purposes make evaluation a necessary requirement in any forward-looking school district where children and the services which effect them are placed in a high position of importance.

Evaluative instruments of many types are employed nationwide. One major need of an effective evaluation instrument is the establishment of a criteria that relates to every factor of the instrument. Then the basis of any judgement made by the evaluator will be more objective because it is based on uniform guidelines. The Department of School Nurses *STANDARDS FOR SCHOOL NURSE SERVICES* is the criteria manual to be used with the "School Nurse Self-Evaluation Form" and "School Nurse Evaluation Form for Administrators and School Nurse Supervisors."

The *STANDARDS FOR SCHOOL NURSE SERVICES* and the accompanying forms for evaluation of school nurses should provide the necessary guidelines to determine the expectancies of the position, and should give direction for improvement necessary.
Through systematic and continuous evaluation by immediate supervisors, and through introspection, each school nurse should be able to achieve maximum potential in quality of service to children and to the community.

It is recognized that a district-wide evaluation to identify strengths and weaknesses of a school nurse service program would produce valuable data to assist the school personnel to plan for a quality program. The DSN Commission on Standards for School Nursing Services is working to develop this instrument and service.

SCHOOL NURSE EVALUATION FORMS FOR ADMINISTRATORS AND SCHOOL NURSE SUPERVISORS

	COMMENTS
I. Responsibility to the School Staff	
1. Demonstrates professional nursing ability and knowledge of developmental, clinical and educational processes.	
2. Has interpreted and alerted the school administrator to school health laws, problems and trends.	
3. Has established effective relations with school personnel and community patrons.	
II. Health Appraisal	
1. Has conducted all required health assessment screening programs.	
2. Uses information gathered from health assessment techniques to identify health problems.	
3. Makes valid referrals to pupils, parents and teachers for remediation recommendation and educational program adaptation for identifiable health problems.	
4. Uses a system of periodic review and supervision of all pupils' health status.	
III. Health Counseling	
1. Has identified pupils in need of health counseling.	
2. Has effectively conducted individual and group health counseling sessions with pupils and parents.	
3. Makes valid referrals to appropriate school and community resources.	
IV. Special Education Programs	
1. Serves effectively on admission and dismissal committees.	
2. Continuously keeps special teachers informed of pupils' health status.	

	COMMENTS
V. Communicable Disease Program	
1. Has used effective methods for control of communicable disease.	
2. Has kept staff informed of problem health areas and recommended remediation.	
VI. Environmental Health and Accident Prevention	
1. Has inspected school plant for environmental health problems.	
2. Works cooperatively with school lunch manager.	
3. Has an effective system for emergency care.	
4. Performs efficiently in emergency situations.	
VII. Health Education	
1. Has made a constructive contribution to the Health curriculum.	
2. Has assisted classroom teachers to present health concepts more effectively.	
3. Has conducted a program of health education in-service for teachers.	
4. Is a medically and scientifically reliable health resource person for all staff.	
5. Has conducted a parent education program.	
VIII. School Community Health Program	
1. Has promoted effective communication between the community health professional and the school.	
2. Has updated her files of community resources this year.	
3. Uses community resources effectively.	
IX. School Nursing Service Evaluation Program	
1. Has analyzed and reported to principal the findings of her yearly statistical and activity reports.	

	COMMENTS
2. Has conducted an objective self evaluation.	
3. Has conducted at least one action research project.	
X. Responsibility to the Profession	
1. Belongs and participates in at least one professional organization.	
2. Has participated in professional education programs this year and kept abreast of current professional literature.	
3. Keeps pupils informed of health career opportunities.	
4. Consistently upholds the professional standards of nursing and education.	

SCHOOL NURSE SELF EVALUATION FORM

The professional school nurse utilizes the school health program to contribute significantly to the attainment of the full health and educational potential of each pupil. The evaluation process can help ascertain the extent to which her services are reaching the needs of the pupils. It can reveal the necessity for more effective utilization of resources and for new programs.

Self evaluation is vital in assuring continuing effectiveness as a professional school nurse. This self evaluation tool is designed to help the school nurse recognize her own strengths and weaknesses and identify existing opportunities for more effective practice that will also provide information which can be used in revising specific objectives, developing new learning experiences, and improving methods and materials.

I. Responsibility to the School Staff	SATISFACTORY	NEEDS IMPROVEMENT
1. Are my school nurse service program and practices based on the school district philosophy of education?		
2. Am I adapting the guidelines, as stated in the district school nurse policy and procedure book to the needs of my pupils, staff and community?		
3. Do I serve as a contributing member on a committee to establish or revise school district policies?		

	SATISFACTORY	NEEDS IMPROVEMENT
4. Do I know and implement compliance with applicable state and county school laws, regulations, and recommendations?		
5. When necessary, do I discuss school health legal provisions with my principal?		
6. Have I established a channel to communicate health trends and problems to my principal and faculty?		
7. Do I keep myself informed of current developments within the total school district program?		
8. Do I make an effort to explain to parents, school and district educational philosophy?		
9. Do I actively participate in all faculty meetings and serve on faculty committees?		
10. Do I regularly attend parent-teacher association meetings and participate in activities?		
11. Have I established an effective relationship with all school personnel?		
12. Do I submit my reports to the appropriate personnel on time?		
13. Do I orient, effectively supervise and evaluate the performance of the school health aide under my direction?		
14. Have I expanded my professional activities by fully utilizing the talents of the school health aide?		
15. Do I create a climate which encourages staff members to seek my counsel?		

II. Health Appraisal

A. General Health Status

1. Have I evaluated all pupil medical and developmental histories at the time of first enrollment?		
2. Do I have a complete up-to-date cumulative health record on file for each pupil?		
3. Has all pertinent information from pupil, parent, personnel contacts and other sources of		

	SATISFACTORY	NEEDS IMPROVEMENT
information been recorded on the individual pupil's cumulative health record?		
4. Do the number and types of referrals from school personnel indicate I have conducted adequate in-service education programs?		
5. Do my annual teacher-school nurse conferences include specific suggestions which contribute to the teacher's effectiveness in educating the pupil?		
6. Do my planned individual pupil health assessments contribute to his understanding of his health status?		
7. Does the quality of my health appraisals of the pupil provide me with the necessary information to counsel effectively with pupils, parents and personnel?		
8. Do I use all the following methods of reporting to parents: home visits, telephone conferences, school conferences, printed forms and written communications?		
9. Have parents responded positively to all of my health appraisal referrals?		
10. Have I established meaningful dialogue with my teachers to increase their understanding of individual pupil health problems and the possible need of classroom adaptations?		
11. Do I have a system for periodic review and supervision of pupils with identified health problems?		
12. Have I currently evaluated the educational adaptations being offered to the pupils with identified health problems?		
13. Do I have a system for periodic review of all pupils' health status?		
B. Eye Health and Vision Conservation Program		
1. Do the number and type of referrals from school personnel indicate I have done adequate in-service education?		

	SATISFACTORY	NEEDS IMPROVEMENT
2. Did I update the teachers' eye health information for classroom instruction this year?		
3. Did I screen the vision of all pupils as required by district policy?		
4. Do I report results to my vision screening to the parents and teachers?		
5. Have all of my vision referrals been acted upon?		
C. Ear Health and Hearing Conservation Program		
1. Do the number and types of referrals from school personnel indicate I have done adequate in-service education?		
2. Did I update the teachers' ear health information for classroom instruction this year?		
3. Did I screen the hearing of all pupils as required by district policy?		
4. Do I report results of my ear health screening to the parents and teachers?		
5. Have all of my hearing referrals been acted upon?		
D. Emotional and Mental Health Program		
1. Do I update my knowledge of child growth and development?		
2. Have I effectively conveyed information to the teachers as demonstrated by more valid referrals?		
3. Do I assist teachers to teach a mental health unit?		
4. Do I discuss the classroom emotional climate with all my teachers?		
5. When necessary, did I collaborate with the teachers in assessing the individual pupil's behavior?		
6. When necessary, did I implement a staff conference to further assess the pupil's behavior and recommend a plan of action?		
7. Did I follow up on staff conference recommendations with the parents, or other appropri-		

	SATISFACTORY	NEEDS IMPROVEMENT
ate personnel?		
8. Do I acquire and share new medical developmental history and home environment information with the pupils' teachers and other appropriate personnel?		
9. Did I present objective information regarding health status and home environment at the case conference?		
E. Dental Health and Dental Screening Program		
1. Do the number and types of referrals from school personnel indicate I have done adequate in-service education?		
2. Did I update the teachers' dental health information for classroom instruction this year?		
3. Did I screen the dental health of all pupils as required by district policy?		
4. Did I report results of my dental screening to the parents and teachers?		
5. Have all of my dental health referrals been acted upon?		
F. Orthopedic and Posture Conditions		
1. Do the number and types of referrals from school personnel indicate I have done adequate in-service education?		
2. Did I update the teachers' orthopedic and posture health information this year?		
3. Did I screen the orthopedic health and posture of all pupils as required by district policy?		
4. Did I report results of my screening to the parents and teachers?		
5. Have all of my orthopedic and posture referrals been acted upon?		
6. Did I implement an assessment to insure provision of appropriate sized furniture for each pupil in all classrooms?		
G. Medication in Schools		
1. Does the behavior of my school personnel, pupils and their par-		

	SATISFACTORY	NEEDS IMPROVEMENT
ents indicate an understanding and compliance of the school district policy and State laws regarding administration of medication during school hours?		
2. Do I keep my knowledge on drugs and dangerous substances current and my resources updated?		
3. Did I counsel teachers of pupils on medications regarding side effects and benefits of the drug?		
4. Did I counsel each pupil on medication to help him develop an understanding of the need for consistency in following the physician's recommendations and school procedure?		
5. Do I maintain a continuing relationship with the teacher, parents and pupil's physician to monitor the pupil's reaction to his medication?		
6. Have I done everything in my power to assure humane treatment of suspected drug abusers?		
7. Do the number and types of referrals of suspected abusers of dangerous substances indicate I have conducted adequate in-service education programs?		
H. Special Screening		
1. Did I follow school district policy for special screening observed?		
2. Did I assist in implementing the educational aspects of the screening program?		
3. Did I report the results of the special screening to parents and teachers?		
4. Did I follow up the special screening referrals to assure they have been acted upon?		
III. Health Counseling		
1. Did I establish methods to identify pupils and families who need health counseling?		
2. Did I plan scheduled health counseling sessions for individuals and groups?		

	SATISFACTORY	NEEDS IMPROVEMENT
3. Did I utilize each opportunity to do circumstance-oriented health counseling?		
4. Did I obtain all information from appropriate personnel and records prior to health counseling sessions?		
5. Did I keep appropriate personnel informed of counselor's progress?		
6. Did I use all appropriate school and community services to effect necessary behavioral change of pupils and families?		
7. Did I periodically review the progress of my counseling?		
IV. Special Education Programs		
1. Do I assist teachers to identify candidates for possible placement in special programs?		
2. Did I follow appropriate procedures to secure all necessary data needed for adequate evaluation of candidates for admission or dismissal?		
3. Do I effectively convey the philosophy of special education to pupils and parents during health counseling sessions.		
4. Did I periodically evaluate pupils in special education?		
5. Did I recommend modification in the health education program to the special education teachers to meet the needs of their pupils?		
6. Do the number and types of referrals from the school personnel indicate I have conducted adequate in-service education programs?		
V. Communicable Disease Program		
1. Did the methods I used increase parental understanding of the importance of communicable disease prevention?		
2. Did my efforts to effect cooperation between the school and community seem effective in the control of communicable disease?		

	SATISFACTORY	NEEDS IMPROVEMENT
3. Did I assist teachers to utilize current information in teaching the communicable disease unit?		

VI. Environmental Health and Accident Prevention

A. Environmental Health

1. Did I study the school district policy regarding environmental health to determine the need for revision this year?		
2. Did I assist in the inspection of the entire school plant this year?		
3. Did I verify compliance of legal requirements by food handlers this year?		
4. Did I confer with the school lunch manager regarding in-service education needs of the food handlers?		
5. Do I encourage school's compliance with environmental pollution alerts?		
6. Did I report all infractions of policy or law to appropriate personnel?		

B. Accident Prevention

1. Did I study the school district policy regarding accident policy prevention to determine the need for revision this year?		
2. Did I instruct school personnel in the plan developed with the school administrator for emergency care?		
3. Did I analyze the compiled statistical report of accidents?		
4. Did I initiate corrective action or a safety program as indicated?		

VII. Health Education

1. Do I serve on a curriculum development committee as a health specialist?		
2. Do teachers invite me to participate in their classroom activities as a health resource person for a variety of topics?		

	SATISFACTORY	NEEDS IMPROVEMENT
3. Did I disseminate current and scientifically accurate health education materials and information to teachers?		
4. Did I compile an accurate profile of current school and community health problems to be used in determining health curriculum context?		
5. Do I review with appropriate personnel current publications and other media being considered for use in the curriculum?		
6. Do I serve as a resource speaker and consultant at PTA, parent education meetings, discussion groups in special interest areas and pre-school orientation?		
7. Do I utilize each opportunity to report to parents informal presentation of health information to effect positive attitudes and behavior?		
VIII. School and Community Health Problems		
1. Do I use effective methods to promote communication between the community, health professionals, and the school?		
2. Did I update my file of community resources this year?		
3. Did I use the services of these agencies appropriately?		
4. Do I contribute necessary information to community agencies to substantiate additional health facilities?		
5. Do I use the services of the comprehensive health planning committee to improve the delivery of health care to children?		
6. Did I use the mass media to disseminate health information?		
IX. School Nursing Service Evaluation Program		
1. Did I compile and analyze my school health records, reports, and statistical information?		

	SATISFACTORY	NEEDS IMPROVEMENT
2. Did I study the statistical report to analyze the effectiveness of at least one area of the school nursing service?		
3. Did I conduct action research to determine staff, pupil and parent perception of the school nursing service program?		
4. Did I use the findings of my own and published research to improve my practices?		
5. Am I objective in my self evaluation?		
X. Responsibility of the Profession		
1. Am I an active participating member of both school nurse and teacher organizations at all three levels, local, state and national?		
2. Do I always comply with the Code of Ethics for the nursing and teaching professions?		
3. Did I participate in any educational endeavor to improve my professional skill?		
4. Do I read current professional literature daily?		
5. Did I contribute constructively to the school nurse and teaching profession this year?		
6. Did I keep pupils informed of health career opportunities?		
7. Do I cooperate with the rights and responsibility committee to help my colleagues maintain our professional standards?		

Members of the Commission:

Gemma Jean, R.N., B.S., Chairman
Exeter School District
Exeter, New Hampshire 03833

Helen H. Brion, R.N., M.S.
Farmingdale School District #22
Farmingdale, New York 11735

Allie Cable, R.N., B.S.
Tulsa Public Schools
Tulsa, Oklahoma 74145

Ann T. Garber, R.N., M.Ed.
Hartford Board of Education
Hartford, Connecticut 06103

Zorada Hoge, R.N., B.S.
St. Paul Public Schools
St. Paul, Minnesota 55102

Rowena F. McAllister, R.N., B.S.
Dallas Independent School District
Dallas, Texas 75214

Beatrice Shaffer, R.N., B.S.
Greater Johnstown School District
Johnstown, Pennsylvania 15905

Ruby Wheatley R.N., B.S.
Des Moines Independent
Community Schools
Des Moines, Iowa 50312

Sally R. Williams, R.N., M.A.
Anaheim Union High School District
Anaheim, California 92801

Commission members represent assignments in elementary, secondary, special education and supervisory positions.

N-NEA
CG

THE DEPARTMENT OF SCHOOL NURSES
National Education Association

Occasional Papers

DEPARTMENT OF SCHOOL NURSES
NATIONAL EDUCATION ASSOCIATION

OCCASIONAL PAPERS/NO. 1

ED 066611

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL BY MICROFICHE ONLY HAS BEEN GRANTED BY

Dept. of School Nurses

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE U.S. OFFICE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

NUTRITION IN TODAY'S EDUCATION — AS A SCHOOL NURSE SEES IT

By Regina M. Eddy, R.N., B.Sc.,
Supervising Nurse, School Nurses' Service,
Long Beach Unified School District, California

The influence of nutrition on the ability to learn has become a subject stimulating to many educators today. As evidenced in on-going research on nutrition, it can influence both structure and functioning in the brain and central nervous system. The most crucial time for proper nutrition consumption is three months before delivery of a child and six months after birth, and continuing on a reduced scale until he is three years of age. Although this relates to a pre-school child, the maintenance of nutritional well-being is a needed role for schools to play in giving each child the opportunity to achieve his potential.

Malnutrition reaches out to all socio-economic levels of society and relates closely to the learning process. Under-nutrition and malnutrition can lessen energy, reduce concentration, attention span, cause fatigue, and reduce a child's ability to cope with both school and home environs.

The school's program must incorporate nutrition education in the curriculum. School nurses are key people to be used in planning and implementing these programs. Objectives in this program should be to:

- Survey children's attitudes toward food
- Establish proper food habits
- Align food habits with table manners and meal procedures and
- Effectively design a program of nutrition information for Kindergarten through Grade 12.

The overall goal should be to provide well balanced meals as they apply to ethnic cultural patterns and food habits that promote and maintain the well-being of school children.

CG 007 345

IMPACT OF NUTRITION IN TODAY'S SOCIETY

According to Dr. Yank D. Cable, Director of Nutrition for Pillsbury Company, "Nutrition may become the word of the decade, but the meaning and the words are unclear." I will have to concur unless nutrition is upstaged by ecology — and this might very well happen. In considering nutrition, let's think for a moment of the number of people we personally know who have a vested interest in such groups as Overweight Anonymous, Weight Watchers, TOPS; familiar to all of us. These, plus the protein dieters, calorie counters, grapefruit eaters and "Mayo" dieters imply we are a nation of over-indulgence. To quote Dr. Cable, obviously there really is a serious "communication gap between the consumer and science" in the field of nutrition and health. With this in mind, it is interesting to review nutrition and its influence on today's education.

In light of many frames of reference — cultural, ethnic, socio-economic, geographic, versus the recommendation of nutritional needs from nutrition experts, the influence of environment on nutrition provides a confusion of facts for the public. Such confusion leads to a complexity of problems which adds to the difficulty of effecting solutions in improving nutritional health.

The ever-evolving controversy via news media, T.V., radio, magazine articles, etc. on nutritional needs versus nutritional habits provides a quality of nutritional imprint on today's children which might well determine the nutritional health of a coming generation.

We have had congressional hearings, legislative action and "stepped up" activities of Federal agencies — all focused on problems of hunger and malnutrition. In the State of California, as in most states, many programs are in progress to provide adequate nutrition for school children for a minimal amount of money or through a free program. Some of those familiar to school people are:

- School Lunch Program — Regular *Type A* school lunch as a part of the National School Lunch Program, subsidized in commodities or cash.
- Reduced Price Lunch Program — A lunch sold for not more than 20c, but less than the full price of the regular program.
- Breakfast Program — Has been experimented with in some school areas — usually around 8:30 a.m. and geared to food students enjoy: Secondary level — hamburger, orange juice, etc. — Elementary level — scrambled eggs, milk, toast.

These programs have been quite successful in some areas of California and are currently gathering momentum in motivation toward better eating habits for boys and girls.

Apropos of this, Dr. Cable has pointed out that so-called "junk meals" to the "establishment" are nutritionally sound to young adults. He indicated a mid-morning breakfast of a big hamburger, french fries and milk shake are regarded as throw-away meals by many people. In reality, the meal provides one-third of the caloric need, two-thirds of the protein, and more than one-third of the minerals, thiamin and vitamin C needed daily by a teen-ager.

- Milk Program — Is given for 5c or is free (to children from low socio-economic areas) in Kindergarten or Grade 1.
- Free Lunch Program — A lunch for which neither the child nor the parent pays. *All AFDC recipients, foster children on AFDC, Food Stamps, Medicare, and general relief.

*AFDC — Aid to Federally Dependent Children

- Food Stamps — Voluntary Program. For low-income families. Permits families to buy food stamps at a discount. (A family of five with a $200 monthly income would pay $72 and receive $102 worth of coupons or stamps.)

All of these are basic programs, well known to all of us. Each is carried out according to guidelines set by various school districts.

PROGRAMS OF NATIONAL INTEREST

Programs in effect which hopefully will re-inforce the nutritional knowledge of young people of our nation are:

- Maternal and Child Health Programs supported by the Federal Government, such as, Project Head Start and Parent and Child Centers, with emphasis on parent involvement under the guidance of a professional multidisciplinary health team.
- Comprehensive Health and Medical Care Projects for Mothers and Children, with preventative and treatment aspects of nutrition care.
- Clinical nutrition programs for mentally retarded children.
- Educational television programs relative to nutrition.
- Special programs for pregnant teen-age girls, emphasizing food selection and preparation, consumer education, adequate and nourishing food during prenatal period and baby food selection.
- Auxiliary Personnel — Aides and volunteers trained by Nutritionist and with re-inforced knowledge from School Nurses have exhibited great skill and have been effective in motivating low-income parents to change food habits and to provide help for them in planning economic meals.

CONTROVERSIAL COMMENTS BY NOTABLE PEOPLE ON TODAY'S NUTRITIONAL PATTERNS

Professor Jean Mayer — *Family Health*, July 1970. — "Children should be given a substantial snack at mid-morning because many children are not hungry in the morning and come to school without breakfast." A mid-morning snack is recommended; not necessarily milk. Sometimes too much milk results in children not getting enough other foods, e.g. Vitamin C and iron and other necessary proteins.

If possible, children should have something special for breakfast — *what they need most* is: "to see mother going to some trouble to prepare breakfast and then sitting quietly and lovingly enjoying it together."

Researchers from Medical College of Wisconsin at Milwaukee — "Obesity is at the stage of epidemic" — the problem of obesity is more critical to national health than undernutrition — e.g., TOPS, Weight Watchers, Overweight Anonymous, and others.

Drs. Morton Pearce and Seymour Deyton, UCLA, at the American Heart Association Symposium, — "Incidence of people on diets high in polyunsaturated foods to avoid coronary problems are evidencing developing cancer. Emphasis therefore in cardiovascular patients should be a cutting down on foods high in cholesterol rather than substituting a diet high in polyunsaturates."

Thoughtful observation of these notable quotes, makes it imperative for School Nurse educators to plan for and implement positive educational programs in collaboration with teachers at both the elementary and secondary level. In these days of national financial crisis for the homemaker, food buying must be interwoven into all lesson plans. It does no good to teach what to eat nutritionally if we do not consider ethnic and cultural patterns along with the socio-economic levels from which the students evolve.

Some suggested programs to provide nutritional knowledge to teachers for educational input are:

- *Big Idea Program* — Dairy Council of California — Set of 19 complete lesson plans, Grade K-3 and 10 lesson plans Grade 4-6 — now available and presented in workshop form by Dairy Council
- *Breakfast Around the World* — Dairy Council — published cooperatively with a school nurse, Mary Ford, Chicago, Illinois.
- *Breakfast and the Bright Life* — Cereal Institute — Jr. High and Sr. level — has a 12 page teacher's guide — a 10" record and filmstrip combination.

- *Breakfast Survey* — can be done at any grade level. It is a known fact that an adequate breakfast can change the attitude and attention of a student to a point of better academic achievement.
- *Programs Planned Around the "Seven Ages of Nutrition"* — could become innovative, continuing programs beginning with parents or teen-age pregnant girls — or be used in a variety of programs geared to Growth and Development.

Age of Infancy — Nutritional needs - formula - breast feeding - hours of feeding (Senior High — Homemaking)

Age of Childhood — Nursery School — Kindergarten through Grade 6 — established eating habits — snack needs — ethnic and cultural patterns.

Age of Adolescence — Junior High Level — Eating habits evaluated — discussed and their relativity to growth spurts, hormonal changes and emotional stress including obesity. (Mini-Munchers Program as seen in DSN's *The School Nurse* — Connecticut). Since "soul food" is one "in thing" for our young society today, a research or evaluation program on it and other new trends could be a motivating lesson for students.

Age of Athletes — Junior and Senior High Level — Too much emphasis on protein diet — excessive vitamin supplementaries are not nutritionally sound. Light amount of food before games is recommended. Research this and then provide a practical program through cooperative efforts of the coach.

Age of Pregnancy — Health Education Classes — Home Economics, Special Classes for Pregnant Girls. Senior High and Adult Groups — the effects of poor nutrition on the mother; on the development of the baby; plus the impact of nutrition on mental retardation.

Middle Age — Parent Groups — PTA — Overweight Anonymous, etc.

Old Age — Needs — Fads and Fallacies — Experimental Programs in geriatrics:

- Meals on Wheels
- Reasonable priced meals in school cafeteria — when children are not there.
- Personal assistance in shopping and preparation through help of trained volunteers.

It is this writer's opinion, while school nursing is primarily pointed toward services to children, we must provide cooperative service, with teachers, to enhance the learning potential of all school children. It is sincerely hoped these few "beads of knowledge" will be helpful to professional coworkers in the field of School Nursing.

As an addendum, excerpted is a concise Health Education Unit in Nutrition; should be helpful in promoting good nutrition to staff and students.

I would like to close with

A RECIPE FOR PRESERVING CHILDREN

1 grass grown field
½ doz. children or more
Several dogs and puppies if it's the proper time of year
1 brook or stream
Pebbles

> Into the field pour children and dogs. Pour brook over the pebbles until slightly frothy. Mix well. When children are nicely brown, cool in warm tub. When dry, serve with buttermilk and fresh baked bread.

Whereas the recipe may not really have the basic four, it surely has the basics for a happy child, and helps the School Nurse in advising parents for the greatest of all nutrients — Tender Loving Care.

AN UNUSUAL BREAKFAST PROJECT*

Beryl Wauson, R.N.
Long Beach Unified School District, California

The teacher of a class of nine to eleven-year-old emotionally-handicapped boys approached me shortly after the opening of the semester with a familiar problem. Too many of his boys were coming to school breakfast-less. Added to the already myriad home and school-based problems of these boys, inadequate nutrition was a real obstacle to achieving the goals of the Special Education program.

"What can you suggest?" he asked. "The usual exhortation to 'eat a good breakfast' is going to fall flat. Some of these boys are responsible for getting themselves ready for school each morning — the mother has already gone to work, or doesn't get up that early! Some of them stop at the corner for a 'coke' on the way to school; others come without that much nourishment."

A different approach was certainly necessary, I agreed. How about making up a menu of nutritious, if somewhat unconventional breakfasts, which these boys could learn to prepare by themselves? The teacher was enthusiastic, and offered to help with simple cookery instruction to supplement any kitchen skills the boys might already possess.

We devised the following menu suggestions, and in classroom visitation I introduced to the boys the idea of becoming their own gourmet chefs. They were delighted.

Using rat study posters published by the U.S. Department of Agriculture, I discussed the vital role of nutrition to total health. Graphically convinced of the value of the right foods for good health, the boys prepared themselves in practice with the teacher, studying vocabulary and cooking skills.

With a cover letter, we explained to parents our "campaign" to introduce nutritional concepts to students, asked support in supplying the ingredients with which the boys could practice food preparation, and supplied each parent with our menu.

Success? We think so! The boys enthusiastically reported each culinary success. With frequent reminders from the teacher, they were encouraged to make breakfast-preparing a regular routine; not just once-in-the-kitchen for fun. Our breakfasts may have been unorthodox, and not even completely acceptable nutritionally, but we felt they had given our boys a chance at skill-development and a sense of accomplishment, as well as nutritional improvement.

UNUSUAL BREAKFASTS

Try one of these each day to make your breakfast lively!

FRUIT

Banana Drizzle
: Slice a peeled banana into a dish, drizzle fortified chocolate over it, sprinkle with your favorite dry cereal.

Apple Annies
: Quarter a washed apple, remove core, sprinkle each section with sugar and cinnamon. Eat them with your fingers.

Banana Blast
: Slice a peeled banana into a dish, squeeze juice of an orange over it. Sprinkle with coconut and miniature marshmallows. Be sure to brush your teeth afterward!

EGGS

Egg In a Pocket
: Cut a diamond shape out of a slice of sandwich bread. Place in buttered frying pan. Break an egg into the "pocket" and fry gently until done. Toast the cut-out section beside it in the pan.

Hamburger Scramble
: Fry a portion of hamburger until done, stirring it. Pour a beaten egg over it after draining off extra grease. Stir it gently until egg is cooked. Scoop out center of a heated hamburger bun, pile the meat and egg in the bun, cover it with catsup if you wish.

3 Men on a Raft

Slice hard-cooked egg, weiner slices or lunch meat, and cheese cubes into cream sauce (buy it in the can). Heat and serve on toast.

Quickwich

Fry lengthwise-sliced wiener until warm, place on buttered toast. Cover with hard-cooked egg slices. Cover with another slice of toast, or eat open face.

How to hard-cook an egg: Place it gently in enough boiling water to cover the egg. Turn the fire low, and simmer for 10 minutes. Pour off hot water, cover the egg with cold water, let stand a few minutes to cool.

MEAT

Tickle Taco

Roll up wiener and grated cheese in a tortilla, stick a toothpick through it to hold together, heat in oven for 5 - 8 minutes on a foil plate.

Submarine Taco (for sea-food lovers)

Drain a can of tuna, mix a little tuna with chopped hard-cooked egg and grated cheese. Stuff into a taco shell, heat in oven 3 - 5 minutes in a foil pan.

*DSN thanks Mrs. Wauson for this special project.

UNIT ON NUTRITION EDUCATION

RATIONALE: Our country provides an excess of food to its population; so much so, that obesity is a major concern and foods and beverages are advertised on the basis of low-calorie content. As a *nation* we eat well, but maintaining adequate nutrition is a major health problem because as *individuals* we do not!

Without a definite program of nutrition education started at the beginning of their school life, children are apt to confine their food choices to favorite foods. Likewise, they cannot project benefits into the future, and have no concern or appreciation for what the future will bring if they fail to eat properly **now.** Nutrition education should be stressed to boys as well as to girls. Dietary and reducing fads thrive upon inadequate public knowledge and faulty practices.

The school's major nutritional concern is in the promotion of sound dietary habits. The challenge is to break the traditional boredom of memorizing nutrients and food groups and move into the field of stimulating nutritionally-grounded experiences. Eating is essential for life!

BASIC CONCEPT: Optimal growth is dependent on personal health practices and wise decisions.

SUGGESTED PUPIL OUTCOMES:

- Relates good nutrition, adequate sleep and physical activity to his own growth and development.
- Understands the basic digestive process and how it relates to growth.
- Plans and understands the preparation of nutritious meals and snacks.
- Broadens the variety of food eaten and enjoyed by himself and others.
- Realizes the importance of modern day methods for handling and preserving foods.
- Is familiar with the resources available to provide food for himself and others.
- Critically evaluates facts and beliefs about foods.
- Discovers how behavior while eating can influence body processes in both a negative and positive manner.
- Discovers the cause, correction and prevention of certain digestive disorders, deficiencies, and diseases.
- Recognizes the growing problems of obesity at all age levels.
- Understands and can apply the modifications of diet that are necessary depending on the age and the individual.

UNIT ON NUTRITION EDUCATION (K-12)

GRADES K - 3

CONCEPTS	SUGGESTED PUPIL ACTIVITIES
1. All living things need food in order to grow.	Bring and discuss pictures of where people eat; home, school, picnics, parties.
2. Growing regularly is a sign of health.	Keep height and weight charts for individual comparison at 3-month intervals. Keep charts of self-testing physical activities (jumping, throwing, etc.) to measure individual progress. Observe eating habits of pets; note differences between large and small animals, if any.
3. Food is good.	Discuss lunches or lunch menus: a) what foods did they eat today that the cow gave? b) did they have any foods that grew underground? c) did they have any foods that grew on a tree, on a vine? Construct a food train made from cartons composed of an engine and four cars. Each car should be designated as one of the basic four food groups. Make models of wide variety of foods and place in appropriate car. Make a chart of United Nations countries. Illustrate special foods of each. Show the foods served in the school lunchroom which are related to other countries. Discuss traditional holiday foods (at home and in other countries).
4. Many kinds of food are available for an adequate diet.	Have a play store using stand-up pictures. Shop for foods (or stock with empty cans and boxes). Make a simple food mobile from construction paper.
5. Some foods may be better for the body than others.	Discuss: Foods good for snacks. Visit a dairy to see how milk is pasteurized. Make a chart showing the many forms milk can take (ice cream, cottage cheese, etc.).
6. Certain behavior while eating is important to enjoying and getting the most out of your meals.	Demonstrate proper use of napkin at table. Discuss small bites, eating slowly, elbows on table, cheerful conversation, use of utensils. Draw up list of good eating habits for bulletin board display.

7. Food is kept safe to eat by improved processing methods	Display the different ways you can buy food at the store. (Students may bring in empty cans, jars, boxes, etc.) Discuss the nutritional value of raw and cooked vegetables. Why do we cook foods? Cook foods varying lengths of time and observe both the food and the water each time.

NUTRITION EDUCATION UNIT

GRADES 4 - 6

CONCEPTS	SUGGESTED PUPIL ACTIVITIES
1. Work efficiency depends upon adequate food intake.	List and discuss the foods they ate for breakfast this morning. Make a bulletin board display of reasons why we eat (growth, energy, feel better, etc.).
2. Our selection of food depends upon many different factors.	Have blindfolded tasting test. Do tastes affect what we select to eat? (Use celery, apple, carrot, etc. to determine sweet, sour.) Where can you taste sweet, sour, etc.? Have a committee check plate waste for a week to determine what foods are not eaten in the lunchroom from both school served and home packed lunches. Discuss why these foods were not eaten; discuss how we learn to like foods.
3. Every food has a story.	Divide class into "try out" committees for new, different or unusual foods. (use help of mothers to plan — PTA) Write about your favorite food. (Try to make it sound so tasty others will want to try it. Bring recipe to class for others to try. Tell its history and any related customs.) Discuss your favorite food at birthdays, Christmas, Thanksgiving, etc. What do children in other lands eat on their holidays? Plan a Spanish menu, Italian menu, French menu, etc.
4. All nutrients needed for growth are available through foods	List foods you dislike and find substitute foods supplying same nutritional value. Demonstrate how different foods can be tested for their content. (6th grade) • protein — burn food in a direct flame from a Bunsen burner. Foods high in protein will exhibit a characteristic odor. (gelatin will burn without too many other conflicting odors.) • starch — soften, crush and dissolve or soak the food in water. Place the water and food in a test tube and

	add a drop one per cent iodine solution. If it turns blue, starch is present. • fats — place the food on a piece of typing paper. Press it against the paper so juices from the food penetrate the paper. Remove the food and place the paper on a radiator to heat. Remove after all the water has evaporated. Fatty foods will leave grease spots on paper. • minerals — burn the food on an asbestos or metal plate. Foods high in minerals such as dried milk, beans, peas, and egg yolk will leave a gray ash consisting of minerals. Non-mineral foods such as sugar will leave only black carbon. • water — expose fruits, leafy vegetables and other food to the air and sunshine. Allow them to remain exposed until they become shriveled and dry. They have lost their water. The food may be weighed before and after dehydration to determine the amount of water lost.
5. Some foods do more for us than others.	Discuss food fads and the problem of getting reliable information. Discuss how to tell the difference between food facts and misinformation. Choose a food such as milk or eggs or a favorite vegetable. Make a little book chart showing the many ways to serve this food, how the food aids in growth and development, etc. Plan a "Food of the Week" campaign to introduce new foods or those seldom eaten. Analyze some magazine advertisements about different foods. Develop a class or individual recipe booklet which can be added to from time to time. Use recipes they've tried from their own camping or cooking experience or refer to Scout or Junior Cook Books.
6. One's daily diet should be planned each day to include foods which produce sufficient amounts of nutrients and calories.	Make a daily chart of what you've eaten. a) Discuss implications of growing problem of obesity. b) Relate obesity to caloric intake and output. Determine how our body uses energy.
7. One's feelings and emotions affect digestion of food.	Discuss whether feelings of happiness or sadness influence digestion. Discuss fear, hate and anger relating to digestion. Discuss rest and relaxation in relation to digestion. Importance of moderate activities immediately after meals. Discuss effects of a quick or hurried meal.

8. Many steps are being taken to solve world food problems.	Investigate current world food problems. Plan a panel discussion on some solutions to these problems. Discuss organizations involved in world food problems. Food and Agriculture Organization (FAO), World Health Organization (WHO), International Children's Emergency Fund (ICEF).

NUTRITION EDUCATION UNIT

GRADES 7 - 9

CONCEPTS	SUGGESTED PUPIL ACTIVITIES
1. The foods you eat today have a far-reaching effect on your body.	List factors which will influence your weight throughout life. Select several for individual reports (i.e. fashions, height-weight charts, physical activity, genetic factors, peer eating fads, eating habits, psychological factors, etc.). Survey of breakfasts among all students; the number who are eating breakfast as well as the nature of the foods consumed.
2. Food has important effects on our bodies.	Discuss reasons why we eat. Examine cells of different plants under a microscope. Discuss cell division as related to human body.
3. Nutrients are the nourishing substances found in foods.	Divide class into "nutrient groups"; report on discovery of nutrient, function, sources. (Emphasize experimentation and visual aids in delivery of report, e.g. soak a small uncooked bone in vinegar for three days. The mineral matter will dissolve and the bone will lose its strength and firmness so that it can be easily bent. This experiment demonstrates the presence of minerals especially calcium and phosphorus in bones. It points up the importance of minerals in the diet.)
4. Some foods do more for us than others.	Display representative examples of food fads and fallacies. Do research to discover why these foods are considered to be such. Collect magazine food advertisements by apparent food quacks and evaluate content.
5. Our food choices need to be distributed wisely among meals and snacks.	Discuss reasons for skipping breakfast — (not enough time, don't feel like it, I'm dieting, etc.). Investigate research done by nutritionists on value of eating breakfast. What effect does eating breakfast have on you? (Refer to "Breakfast Source Book" Cereal Institute, Inc. Publication.) — "Breakfast Around the World." Report on what your body does with extra nutrients it does not need. How should this influence the distribution of your food during the day.

6. Some foods are better than others for snacking.	List common snack foods and discuss in terms of caloric value and nutritional value. Conduct a one to three day survey of snack foods eaten by students.
7. Intelligent choices need to be made about foods and food fads.	Collect newspaper clippings and advertisements about crash diets, reducing fads, reducing pills and quackery. Discuss and analyze weight reducing procedures. Evaluate liquid diets, baby-food diets and other teen-age fad diets in terms of nutritional value.
8. Storage and processing practices have changed the variety, palatability and nutritional values of food.	Select a prepared problem and develop reports. Typical examples might be: chicken salad is left from lunch on a hot day. What would you do with it and why? you can select pasteurized or raw milk. Which would you select and why? you have your choice of freezing or canning specific foods. Which would you do and why? a friend tells you not to eat eggs or pork. (salmonella, trichinosis) Would you take her advice? you read that most vitamins are lost in everyday foods. Investigate the accuracy of such a statement of evaluate need of vitamin supplements. a food supplement salesman wants your family to sign for an extended period to use his product. What should your family do and why? your community sells fruits that have been sprayed. Should you eat them? Investigate all of these problems by interviewing knowledgeable people, visiting food processing plants, talking to individuals at Better Business Bureau, reading, etc. Discuss the responsibility of students who work in the lunch program. Investigate why the food and drug laws were passed. Investigate differences in foods taken on camping trips now and 50 years ago.
9. Every person is responsible for making meal times pleasant and harmonious.	Observe and discuss manners at mealtime. Discuss why certain actions have become accepted as appropriate while others have not. Develop a skit involving a family meal showing the importance of such things as pleasant conversation,

	good table manners, sharing preparation and cleaning up, etc.
	Organize with help of school dietitian a committee to improve the attractiveness of the cafeteria through the use of posters,table settings, flowers, etc.
10. Certain diseases are caused by lack of vitamins.	Prepare committee reports on the discovery of the more common vitamins and the effect on a person if these vitamins are missing or lacking.
	Prepare bulletin boards depicting lack of vitamins — disease.
11. Weight can affect your health.	Discuss causes of obesity (overeating, poor eating habits, glandular disturbances, emotional disturbances).
	Discuss effect of family eating habits on obesity
	Evaluate through discussion the disadvantages and dangers of obesity. (fatigue, discomfort, play and exercise require greater effort, limited group activity, personality difficulties, job handicaps, effect on internal organs, heart, arteries, kidneys)
	Discuss causes of underweight (worry, disease, fatigue, heredity, poor eating habits).
	Evaluate through discussion the dangers of underweight (reduced health, vitality, malnutrition).
	Discuss lack of proper foods and the effect on the learning process.
	Invite personnel involved in nutrition research to discuss weight reduction with class.
	Prepare articles on weight reduction, etc. for school newspaper.
	Participate in panel discussion on "Diet and its relationship to weight control."
12. Food is an integral part of cultural patterns.	Bring a list of traditional or regional foods eaten by your family when celebrating special occasions. Emphasize factors influencing choices; climate, region, nationality, traditional festivities, storage available, seasonings, preparation.
	Discuss possible origin of three meals a day.
	Prepare bulletin board display, show-case exhibits, or dioramas, food models, pictures or paper-mache models showing certain regional meals, dishes, etc.
	With parent-teacher association members, plan, prepare, and serve a meal that contains foods from a foreign country.

NUTRITION EDUCATION UNIT

GRADES 10 - 12

CONCEPTS	SUGGESTED PUPIL ACTIVITIES
1. Nutrition can affect how you look.	Discuss what one needs to know to meet the nutritional needs of each family member. What factors change these needs? (age, allergies, activities). Discuss the causes of acne and how diet might aid the correction of it. Investigate flouridation in your local drinking water. Set up a panel discussion to evaluate the pros and cons. Tabulate the percentage of students who have had dental work done. Determine what effect nutritional habits may have had in these percentages.
2. Your personality can be influenced by how you eat.	Debate the effect of diet on personality characteristics such as cheerfulness, self-confidence, poise, emotional stability against such things as losing sense of humor, being morose, apathetic, etc. Investigate the effects of caffeine and other similar stimulants on your system and determine if there is any effect on your physical or mental efficiency.
3. Growth and development can be affected by nutrition and its interplay with heredity and environment.	List different family eating habits (2 big cooked meals a day, eating on "the run", little meat, no breakfasts, mid-morning and afternoon snacks, many desserts, etc.) Show how some of these habits may affect growth and development. Discuss the inheritance of family tendencies in size. Investigate the differences in diet between warm climates and cold climates.
4. Nutrients are needed in ample amounts.	Discuss the recommended daily dietary allowances. Have students rate weekly diets.
5. The individual must consider many things in making his own food selection.	Discuss the factors which influence adolescent eating habits. Determine costs of food by: planning a week's menu on the amount of money welfare or retired people spend on food. listing inexpensive substitutes for meats or inexpensive dishes that might help keep food costs down. check U.S.D.A. commodities in use in the school lunch program and U.S.D.A. commodities available to welfare recipients . . . check food value.

discuss food stamp program for welfare recipients.

determine cost of school lunch. Compare school lunch, home packed lunch, drive-in lunch for cost, nutritional value, calories, satisfaction.

6. All persons throughout life have need for the same nutrients but in varying amounts.

Arrange committees to research and report on the relationship of nutrition to the following:

pre-natal and post-natal dietary needs
care of the diabetic
treatment of TB patient
therapy of alcoholic
treatment of cardiac cases
nutrition and mental health
chi!d's diet and nutrition
teenager's diet and nutrition
adult nutrition
athlete's nutrition

(Prepare display — bulletin board chart to depict special diets.)

Discuss influence of nutrition on embryological development and child growth. Compare opinions and customs on breast feeding.

7. Consumers look for several qualities in fresh and processed food.

Compile list of factors that influence consumers in their food purchases.

Collect food advertisements and evaluate them in terms of nutrition and cost.

Have each student do a week's food shopping (on paper) for a family of 4 or 5 on a predetermined, minimal amount of money. (This can be an excellent evaluating device if used both at beginning of unit and near the end to see if pupils food selection has improved.)

8. Intelligent choices need to be made about foods, food fads and sensational claims. Foods may contain substances that are harmful to our bodies.

Investigate the ways that certain diseases are transported by foods. Discuss methods of discouraging this kind of transference (typhoid, dysentery, trichinosis, etc.).

Evaluate quackery in nutrition. Possible committee reports should include the following:

prepare and administer a food fad and fallacy test. Give test to a sample group in your community.

analyze nutrients of several "health foods" and compare to "ordinary foods" — discuss food additives.

Bring in samples of ads for food supplements, nutrition aids and digestive remedies. Evaluate these in the light of their scientific or pseudo-scientific approaches.

	Discuss and evaluate common misconceptions about certain foods (brain-foods, raw foods, nerve foods, natural foods, etc.).
	Report on saturated fats and cholesterol; point out opinions on relationship to disease. Check food labels to see which products state they have poly-unsaturates.
9. Some prevalent physiological conditions can be prevented and treated by good nutrition.	Have class collect information on all types of reducing diets: starvation diets, mechanical means (vibrators) chemical (drugs), special foods, exercises, etc. Report on each and determine: cost, scientific basis for claims, danger to health, long term effect and successfulness.
	Make graphs showing relationship of heart disease, diabetes, high blood pressure, etc. to overweight.
10. Quantity of food intake is a growing health problem.	Discuss basal metabolism and its influence on how the body utilizes nutrients.
	Compare and evaluate means of losing weight.
	Determine what effect overweight and obesity can have on an individual's health.
	Investigate and discuss the significance of malnutrition in the world today.

REFERENCES

Cable, Yank D., M.D., Director of Nutrition, Pillsbury Company
Deyton, Seymour, M.D., University of California, Los Angeles
Eddy, Regina M., R. N., B.Sc., Supervising Nurse, School Nurses' Service, Long Beach Unified School District, California
Ford, Mary, R.N., School Nurse, Chicago, Illinois
Mayer, Jean, *Family Health*; July 1970
Miraglia, Joseph, M.D., Lankenau Medical Center, Pennsylvania
Pearce, Morton, M.D., University of California, Los Angeles
Wauson, Beryl, R.N., Long Beach Unified School District, California

CREDITS

Cereal Institute, Inc., Chicago, Illinois
Dairy Council, National Dairy Council, Los Angeles County Area, California
U.S. Department of Agriculture, Extension Service, Washington, D.C.

Special credit goes to Dr. Joseph Miraglia, who graciously gave the Department of School Nurses permission to excerpt material he has published. In granting our request, he stated, "Anything I write can be reproduced as long as it will help people." This, then, is the spirit of the total document.

Department of School Nurses
National Education Association
1201-16th Street NW
Washington, D.C. 20036

Single Copy $1.50